## P98000/08088

(Requestor's Name)								
(Address)								
(Address)								
(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
(Document Number)								
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Special Instructions to Filing Officer:								
F								

Office Use Only



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DIVISION OF CHAPUNATION

HAY -I PM I: CO



AN ACUAIRE COMILANT							
ACCOUNT NO. : 072100000032							
REFERENCE : 958386 4726922							
AUTHORIZATION Spulledena							
COST LIMIT : \$35.00							
ORDER DATE : April 2, 2006							
ORDER TIME : 10:18 AM							
ORDER NO. : 958386-010							
CUSTOMER NO: 4726922							
<u>CHANGE OF AGENT</u>							
NAME: APPTIMUM, INC.							
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:							
CERTIFIED COPY  XX PLAIN STAMPED COPY							
CONTACT PERSON: Troy Todd EXT# 2940							
EXAMINER:							

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

**y** '

statement of cha	orovisions of sections 607.0 nge is submitted for a corpo r to change its registered of	oration organized	d under the laws of the	State of Fl	orida	ris	
	he corporation: APPTIMUM		agong or com, in the	o.u.c oj 1 10			
2. The principal	office address: 13798 NW	4 Street, Suite 315	5, Sunrise, FL 33325				
3. The mailing a	ddress (if different):						
4. Date of incorp	poration/qualification: 12/30	0/1998	Document number:	P98000108	880		
	street address of the current tment of State:	nt registered agen	t and registered office of	on file with	the		
	David Henrickson			 	ر ا	0	
	19225 East St. Andrews Dri	ve		E	ECRE AE	8	
	Hialeah, FL 33015				<b>ま</b> 次気	= 1	一
6. The name and (if changed):	street address of the new re	egistered agent (i	f changed) and /or regi	stered office	FF 51 OF STA	- 	EO
	Corporation Service Compa	iny			E E	0	
	1201 Hays Street						
	(P.O. Box	NOT acceptable)					
	Tallahassee, FL 32301						
The street addreas changed will	ss of its registered office a be identical.	and the street add	dress of the business o	ffice of its	register	ed ag	ent,
Such change wa authorized by the	s authorized by resolution board, or the corporation	duly adopted by has been notifi	ts board of directors ed in writing of the ch	or by an o ange.	fficer so	)	
(Signate	te of an officer or director)		Benjamin O	Mon A	P Vice	P	esident
I further agree i of my duties, an document is bei corporation has	the appointment as registe o comply with the provision of I am familiar with and a ng filed merely to reflect a been notified in writing o	ns of all statutes ccept the obliga change in the re	gree to act in this cape s relative to the proper tion of my position as egistered office addres	acity. r and comp registered s, I hereby	lete per agent. i confirn	form Or, if 1 thai	ance this the
//	Service Company  Approximature of Registered Agent)		4 - 28 (Dat	- 06			
	half of an entity:		(54.				
	Asst, Vice President						
	yped or Printed Name)						
	***	FILING FEE:	\$35.00 * * *				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)